

QUESTIONABLE DEPENDENT/PSC LEGAL APPROVAL

Introduction

This section provides procedures on how to enter a questionable dependent to a member's **BAH/Dependency form** for PSC Legal approval. Questionable BAH eligible dependents are defined in Chapter 3-F of the U. S. Coast Guard Pay Manual, COMDTINST M7220.29 (series), Marking the BAH eligible box and entering eligibility date will allow the questionable dependent to be printed on the BAH/Dependency form without initiating Pay actions. Questionable dependents requiring PSC Legal approval will be entered as dependents but WILL NOT have the entitlements portions completed until AFTER approval is received from PSC Legal. Once the data is entered and saved, it can be printed on a BAH/Dependency Form (CG-41701A). See [BAH Dependency Form Print Procedure](#) for more information.

Categories requiring PSC Legal approval with listing of documentation required:

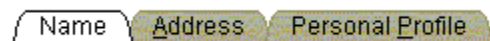
- [Adopted Child](#)
- [Legal Ward](#)
- [Incapacitated Child](#)
- [Illegitimate Child](#)
- [Parent/Parent-In-Law](#)
- [In Loco Parentis](#)
- [Foreign Marriages/Foreign Divorces](#)

Reference

Before requesting the addition of a questionable dependent as a BAH eligible family member, you should consult Chapter 3-F of the [Coast Guard Pay Manual, COMDTINST M7220.29 \(series\)](#).

Pages and Tabs



Processing family member/beneficiary information consist of one page and three tabs.



1. The **Name** tab enables you to record the family member name and relationship to the member. You must use the Name tab to add dependent records.
2. The **Address** tab enables you to record the family member address information.
3. The **Personal Profile** tab enables you to record BAH eligibility, birth date and other personal information about the family member.

Procedure

Start PeopleSoft, sign in and follow these steps to add, remove or change employee family member and beneficiary information.

Step	Action
1	Select menu items in the following order: Home > Administer Workforce > Administer Workforce (GBL) > Use > Dependent Data
2	A search page will appear. Enter the member's employee ID number or other search criteria (see Employee ID Search Tips) and click the  button to select the member you wish to display.  When choosing a member from the search results, please be sure you are choosing the person you actually want to change data on. Verify the employee ID or national ID before making any changes. Also, since one member can have multiple records (Regular or Reserve Member, Auxiliary Member or Civilian Employee), be sure to select the correct Employee Classification.

- 3 The Dependent/Beneficiary Name tab will be displayed.
If the member does not have any family members or beneficiaries in the system, the Name tab will open with a new blank row, as shown below.




The screenshot shows the 'Dependent/Beneficiaries' window. At the top, there are navigation links: 'View All', 'First', '1 of 1', and 'Last'. Below these are two buttons: a yellow '+' button and a yellow '-' button. The main form area has the following fields:
- 'Dependent/Beneficiary ID': A text box containing '01'.
- 'Relationship to Employee': A dropdown menu.
- 'DepBenef Type': A dropdown menu.
- A tabbed interface with the 'Name' tab selected.
- Inside the 'Name' tab:
 - 'Format Using': A dropdown menu with 'USA' selected and a magnifying glass icon, followed by the text 'United States'.
 - 'Name': A text box.
 - 'Prefix': A dropdown menu.
 - 'First Name': A text box.
 - 'Middle': A text box.
 - 'Last Name': A text box.
 - 'Suffix': A text box with a magnifying glass icon.

If you are adding a new family member or beneficiary, you may complete the fields as indicated below. If the member already has family members or beneficiaries in the system, the Name tab will display the information on Dependent/Beneficiary ID 01 (the first family member/beneficiary in the member's record).

The screenshot shows the 'Dependent/Beneficiaries' window. At the top, there are navigation links: 'View All', 'First', '1 of 6', and 'Last'. Below these are two buttons: a yellow '+' button and a yellow '-' button. The main form area has the following fields:
- 'Dependent/Beneficiary ID': A text box containing '01'.
- 'Relationship to Employee': A dropdown menu with 'Spouse' selected.
- 'DepBenef Type': A dropdown menu with 'Dep/Benef' selected.
- A tabbed interface with the 'Name' tab selected.
- Inside the 'Name' tab:
 - 'Format Using': A dropdown menu with 'USA' selected and a magnifying glass icon, followed by the text 'United States'.
 - 'Name': A text box containing 'Last,First L'.
 - 'Prefix': A dropdown menu.
 - 'First Name': A text box containing 'First'.
 - 'Middle': A text box containing 'L'.
 - 'Last Name': A text box containing 'Last'.
 - 'Suffix': A text box with a magnifying glass icon.

1. If the member has more than one family member or beneficiary in the system, the links at the top of the window will be active. Click on the View All **View All** First 1 of 6 **Last** link, Next Arrow button, or the Last link to view additional family members or beneficiaries.
2. Click the **+** to add an additional family member. A new blank row will be inserted.
3. Click the **-** to remove a family member. You will be prompted to confirm or cancel this action.


Name Tab Data Entry

Dependent/ Beneficiary ID	PeopleSoft pre-populates this field. It will automatically increment it by 1 for every new record added.																																								
Relationship to Employee	Select a relationship from the drop-down menu  . There are several pre-defined values to choose from: Consult Chapter 3-F of the Coast Guard Pay Manual, COMDTINST M7220.29(series) .																																								
DependentBenf Type	<p>This field will automatically be filled in based on the type of relationship you selected above.</p> <ul style="list-style-type: none">Dependent/Benf or Dependent -- Must be selected from the drop down menu if requesting approval for BAH eligible dependent/family member. Dependent/Benf will also allow you to list the person as a beneficiary for other programs. <p> NOTE You must set this field to "Dependent/Benf or Dependent" and (on the Personal Profile tab) mark the BAH Eligible checkbox and provide the BAH eligible date. Since you will not know the official eligible date until PSC Legal approves/disapproves the request, put in the "date submitted" or "current date" You will need to return to this area and update the eligible date block once you receive official notification from PSC Legal.</p>																																								
Name	PeopleSoft will populate this field after you fill out the other name fields and save the page. It displays the Last Name, First Name, and Middle Initial or complete middle name of the family member/beneficiary.																																								
Prefix	Optional. You may choose a prefix (Mr. Mrs, etc.) from the drop-down menu or leave this field blank.																																								
First Name	Enter the person's first name																																								
Last Name	Enter the person's last name																																								
Middle	Enter the person's middle initial; optionally you may enter the entire middle name if desired.																																								
Suffix	<p>If applicable, enter the suffix. Click  icon to perform a lookup of valid values.</p> <table><tr><th>Name Suffix</th><th>Description</th><th>Name Suffix</th><th>Description</th></tr><tr><td>I</td><td>The First</td><td>I</td><td>The First</td></tr><tr><td>II</td><td>The Second</td><td>II</td><td>The Second</td></tr><tr><td>III</td><td>The Third</td><td>III</td><td>The Third</td></tr><tr><td>IV</td><td>The Fourth</td><td>IV</td><td>The Fourth</td></tr><tr><td>Jr</td><td>Junior</td><td>Jr</td><td>Junior</td></tr><tr><td>Sr</td><td>Senior</td><td>Sr</td><td>Senior</td></tr><tr><td>V</td><td>The Fifth</td><td>V</td><td>The Fifth</td></tr><tr><td>VI</td><td>The Sixth</td><td>VI</td><td>The Sixth</td></tr><tr><td>VII</td><td>The Seventh</td><td>VII</td><td>The Seventh</td></tr></table>	Name Suffix	Description	Name Suffix	Description	I	The First	I	The First	II	The Second	II	The Second	III	The Third	III	The Third	IV	The Fourth	IV	The Fourth	Jr	Junior	Jr	Junior	Sr	Senior	Sr	Senior	V	The Fifth	V	The Fifth	VI	The Sixth	VI	The Sixth	VII	The Seventh	VII	The Seventh
Name Suffix	Description	Name Suffix	Description																																						
I	The First	I	The First																																						
II	The Second	II	The Second																																						
III	The Third	III	The Third																																						
IV	The Fourth	IV	The Fourth																																						
Jr	Junior	Jr	Junior																																						
Sr	Senior	Sr	Senior																																						
V	The Fifth	V	The Fifth																																						
VI	The Sixth	VI	The Sixth																																						
VII	The Seventh	VII	The Seventh																																						



- 4 Click the Address tab to view, update or change family member and beneficiary address information.

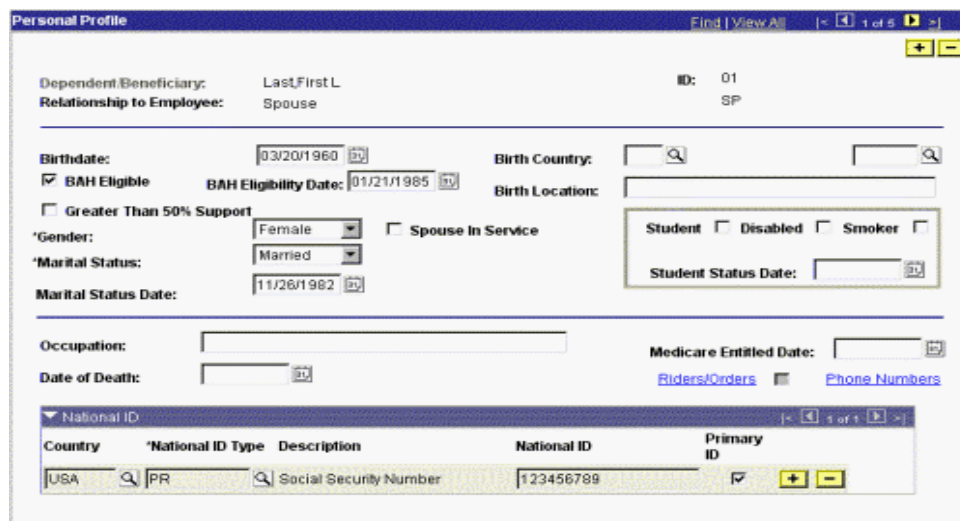
If you have just added or changed family member beneficiary information in the Name tab, the address data for that person will be displayed. If the member has more than one family member or beneficiary in the system, the links at the top of the window will be active. [View All](#) [First](#) [1 of 5](#) [Last](#). Click on the View All link, Next Arrow button, or the Last link to view additional family members or beneficiaries.

Address Tab Data Entry:

Same Address/ Phone as Employee	<p>Click this check box if applicable, the address data will automatically fill based on the member's address information that is already in the system. The phone information will not fill in, you will have to un-check the box in order to enter the family member's phone number. If any of this information is incorrect, it can be updated using one of these procedures:</p> <ul style="list-style-type: none"> Employee Address and Home of Record Employee Home and Mailing Address Change <p>Un-check the box if the family member or beneficiary's address is not the same as the member's.</p>
Address 1 Address 2 Address 3	Use these fields to enter the street address, P O Box, apartment number, etc.
City	Enter the City
County	Not used for U. S. Addresses, enter if necessary for foreign addresses.
State	Enter the standard two-letter state abbreviation code. Click the  icon to perform a lookup of codes if necessary.
Province	Not used for U. S. Addresses, enter if necessary for foreign addresses.
Postal	Enter the zip code for U. S. Addresses or postal code for foreign addresses.
Phone	Enter the Home Phone number of the family member/beneficiary.



- 5 Click the **Personal Profile** tab. This tab is used to designate BAH eligibility only and will not start pay actions. **Note:** The Gender value defaults to Male and the Martial Status defaults to Single, change accordingly.

If you have just added or changed family member beneficiary information in the Name and address tabs, the data for that person will be displayed. If the member has more than one family member or beneficiary in the system, the links at the top of the window will be active. [View All](#) First  1 of 6  [Last](#). Click on the View All link, Next Arrow button, or the Last link to view additional family members or beneficiaries.




Personal Profile Find | [View All](#) | < 1 of 6 >


Dependent/Beneficiary: Last,First L ID: 01
Relationship to Employee: Spouse SP


Birthdate: 03/20/1960 Birth Country: Birth Location:  

☒ BAH Eligible BAH Eligibility Date: 01/21/1985 ☐ Greater Than 50% Support

Gender: Female ☐ Spouse In Service

Marital Status: Married Student ☐ Disabled ☐ Smoker ☐
Marital Status Date: 11/26/1982 Student Status Date: 




Occupation: Medicare Entitled Date: 



Date of Death:  [Riders/Orders](#) [Phone Numbers](#)

National ID < 1 of 1 >


Country	National ID Type	Description	National ID	Primary ID
USA	PR	Social Security Number	123456789	<input checked="" type="checkbox"/>

Complete the fields as indicated below when adding family members/dependents.

Birth date	The family member's/dependent's date of birth. This field must be completed if the dependent type is "Dependent" or "Depnd/Benf" (BAH Eligible). You can leave this field blank if adding a beneficiary, but will receive a warning message when you attempt to save the data. You may dismiss the warning and proceed, the data will be saved.
Birth Country	The family member's/dependent's country of birth. Enter the standard three-letter country code (e.g. "USA" for United States of America). Click the  icon to lookup valid codes if necessary.
State Province	The family member's/dependent's state or province (Field label will change depending on the country code entered.) of birth. Enter the standard two-letter abbreviation. Click the   to lookup valid codes if necessary.
Birth Location	Enter the birth city.
BAH Eligible	Click this checkbox if the member is requesting the addition of a questionable dependent.

	<p>Before adding/requesting a questionable BAH Eligible Family Member consult Chapter 3-F of the Coast Guard Pay Manual, COMDTINST M7220.29(series).</p> <p> NOTE . You must mark the BAH Eligible checkbox, enter the eligibility date, and set the Dependent/Benf field on the first tab (Name) to "Dependent/Benf or Dependent" in order for the questionable dependent information to be printed on the BAH/Dependency form. Check summary page for specific relationship to choose</p>
BAH Eligibility date	<p>Use date of request or current date. PSC Legal will assign an BAH effective date, if request is approved. when you receive the approval package, Use the PSC Legal assigned effective date to replace the date you initially placed in this box.</p> <p> NOTE You must mark the BAH Eligible checkbox, enter the eligibility date, and set the Dependent/Benf field on the first tab (Name) to "Dependent/Benf or Dependent" in order for the questionable dependent information to be printed on the BAH/Dependency form.</p>
Greater than 50% Support	Click this checkbox only when the family member <i>DOES NOT</i> reside with the member and receives more than 50% of their support from the member.
Gender	Choose the family member's gender from the drop-down list.
Marital Status	Chose the family member's marital status from the drop-down list.
Marital Status Date	Enter the date corresponding to the martial status chosen above. May be left blank when the family member is single.
Disabled	Check this box when the family member is an incapacitated child over age 21
Smoker	Not used, leave blank
Occupation	
Medicare Entitled Date	
Riders/Orders	
Phone Numbers	Click this link to add additional contact phone numbers for the family member.
National ID	This section is used to record the family member's Social Security Number (SSN). If the member's spouse is in the service, you must provide an SSN.
Country	Enter USA
National ID Type Description	Enter PR (for "Primary")
National ID	Enter the family member's SSN.
Primary ID	Check this box

6

Click the  button.

Carefully review the data you have entered before saving this transaction. Be absolutely sure all that all the data is correct and that you have not made any typographical errors. Be sure you entered the correct employee ID number when you began this transaction. If you have any questions or concerns, cancel the transaction and ask for help.

Click  to proceed.

You may now print the [BAH Dependency Form](#).

Questions, problems?

[Submit an Online Trouble-Ticket](#) or call

(866) 772-8724 (toll free) or (785) 339-2200 -- 0700-1600 M-F (central time)

QUESTIONABLE DEPENDENTS REQUIRING PSC LEGAL APPROVAL

PROCESS

There are six basic categories, which require PSC Legal approval. In addition to these instructions, **ALWAYS** consult Chapter 3-F of the [Coast Guard Pay Manual, COMDTINST M7220.29\(series\)](#) for complete guidance and requirements. Each category lists required forms and documentation. CG PSC forms are in Adobe format and are all form fillable. Incomplete packages will cause an undue delay in the processing of the request. All requests for the addition of a questionable dependent are sent to:

Commanding Officer (Igl)
U.S. Coast Guard
Personnel Service Center
444 S.E. Quincy Street
Topeka, KS 66683-3591

ADOPTED CHILD

REQUIRED FORMS

- 4170A with adopted child listed.
- [CG PSC-2020](#), Dependency Worksheet
- A Copy of the Adoption Decree signed by a Judge or a State Certified placement agency. *The copy of the Decree does not need to be certified.*
- Birth Certificate (Original or court issued)
- [CG PSC-2020A](#), Support Statement **OR** a Notarized Statement from the member certifying they provide substantial support.

LEGAL WARD

REQUIRED FORMS

- 4170A with Legal Ward child listed.
- [CG PSC-2020](#), Dependency Worksheet
- Court Order: Must be signed by a Judge – The court order must give temporary custody or guardianship of a child (under 21 years of age) to the member, for at least 12 consecutive months. If the court order is silent on the time element (does not list dates or a time frame), the member must send a **notarized statement** as to how long he plans to keep the Legal Ward child in the household).
- [CG PSC-2020A](#), Support Statement **OR** a Notarized Statement from the member certifying they are providing the substantial support for the Legal Ward Child.
- The child **must be residing** in the member's home.



A legal ward is defined as any person, under the age of 21, whom the court has awarded a guardian. A legal ward does not need to be a family relative of the guardian

INCAPACITATED CHILD

REQUIRED FORMS

- 4170A with incapacitated child listed.
 - [CG PSC-2020](#), Dependency Worksheet
 - Current medical analysis of the child indicating this child's incapacitation - The analysis must indicate the child is incapable of self-care, either physically or mentally.
 - [CG PSC-2020A](#), Support Statement **OR** a Notarized Statement from the member certifying they are providing substantial support for the incapacitated Child.
 - Record of member carrying the incapacitated child as a dependent before the child's 23rd birthday
-

ILLEGITIMATE CHILD

REQUIRED FORMS

- 4170A with illegitimate child listed.
- [CG PSC-2020](#), Dependency Worksheet
- [CG PSC-2020A](#), Support Statement
- **Certified** birth certificate showing both parents names. If member is not listed on the birth certificate, a notarized statement, from the member, certifying he is the biological father of the child is required.
- Proof of Support (cancelled checks, money orders, receipts, withholding orders, or voluntary allotments). The person who has physical custody of the child must be the recipient of the support **and** support must be solely for said child.



SPO's approve members who have physical custody of the child. PSC Legal approval is only required for an illegitimate child who is NOT in the physical custody of the member

PARENT/PARENT-IN-LAW

REQUIRED FORMS:

- 4170A with parent/parent-in-law listed.
- [CG PSC-2020](#), Dependency Worksheet. The current mailing address for the parent/parent-in-law must be included on this form.
- [CG PSC-2020A](#), Support Statement



PSC Legal will send a CG PSC-1758 (Parent Dependency Affidavit) to the parent/parent-in-law. Once completed, it will need to be signed, notarized and returned to PSC Legal. An eligibility determination cannot be made until the completed CG PSC 1758 is returned.

IN LOCO PARENTIS

REQUIRED FORMS:



(In order for a person to be considered in loco parentis, he or she must have intentionally assumed the rights and duties of a parent for the member.)

REQUIRED FORMS:

- 4170A with in loco parentis listed
 - [CG PSC-2020](#), Dependency Worksheet. The current mailing address for the in loco parentis must be included on this form.
 - [CG PSC-2020A](#), Support Statement
 - Notarized statement from the requesting in loco parentis certifying the member lived with them for at least 5 years before the member's 21st birthday.
-

FOREIGN MARRIAGES/FOREIGN DIVORCES

REQUIRED FORMS:

- 4170A with spouse listed.
- [CG PSC-2020A](#), Support Statement
- Certified copy of the original marriage/divorce certificate. If the foreign marriage/divorce certificate is in a foreign language, a certified English translation is required.

NOTES: *All Foreign marriages require PSC Legal approval. Any claim involving remarriage of a member following a foreign nation divorce requires PSC Legal approval. Marriages by proxy, telephone, common-law and remarriage within prohibited period following divorce are all considered cases of doubtful relationship and require PSC Legal approval. When in doubt, consult Coast Guard Pay Manual, COMDTINST M7220.29 (series).*